

**INDIANA DEPARTMENT OF INSURANCE**

**Bail Bond Division**

**311 W. Washington Street, Suite 103**

**Indianapolis, IN 46204-2787**

**Phone (317) 232-5249**

**Fax (317) 234-2103**

**Email: lreynolds@idoi.in.gov**

**COMPLETE BOTH PAGES OF THIS FORM. PLEASE TYPE OR PRINT CLEARLY  
IN BLACK INK.**

Include copies of all pertinent documentation and return to the address listed above.

Your Name\_\_\_\_\_

Address\_\_\_\_\_

Street Address	City	County	State	Zip Code
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Daytime Telephone Number(s) (\_\_\_\_)\_\_\_\_\_ (\_\_\_\_)\_\_\_\_\_

My complaint is against                      ☐ Bail Agent                      ☐ Other

Name\_\_\_\_\_

Address\_\_\_\_\_

Contact Person Phone Number\_\_\_\_\_

Please describe your problem. Be sure to include copies of any documentation you might have to support your complaint. Please attach additional sheets if more space is needed.

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I HEREBY AUTHORIZE the release of confidential information to the Department of Insurance

Feb 2012